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**JUN 3 1941**  
INTER-OFFICE CORRESPONDENCE

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Program Policy

FROM: WAS

DATE: November 27, 1940

TO:

COMMENTS:

<del>RBF</del>	NOV 27 '40	

SUBJECT: I have read Dr. Gregg's memorandum to you about Rockefeller Foundation policy for 1941 and have noted your request for comments.

In general I am in sympathy with the thesis that we should give preference to important projects over the small and relatively trivial grants. I believe that we are trying to do this in the International Health Division. In fact, the attempt is to keep a balanced program and to terminate all of the small projects as soon as they cease to be classed as exploration or demonstration. I see no need for a change in our fundamental policy in this regard, but believe that we should keep up and perhaps even stiffen our resistance to the smaller requests. It must be kept in mind that some of the small requests, requiring little money, are highly significant and deserve time and scrutiny out of all proportion to the money involved. As to the importance of the larger projects, we are also in sympathy. The only project of any size which we see in the offing is the completion of the public health education program in the United States by assistance to a school of public health on the Pacific Coast. It would be in the nature of a tragedy to our program, which shows no sign of letting up in 1941, if the more or less indiscriminate long-term

financing of the accumulation of small projects in the other Divisions should interfere with capital projects which might seem especially important to the International Health Division. The memorandum of Dr. Gregg, I take it, was intended to apply chiefly to the other divisions. / <sup>No</sup> <sup>MS</sup> <sup>principally</sup> My only fear is that it might be adopted without due consideration of the fact that there is no sign of reductions of expenditure or of opportunities in our division for 1941 and we shall in all probability need a restoration of the money originally voted to the Health Commission to Europe and lapsed, and also funds for at least one capital project.

My only contribution to the more philosophical phases of Dr. Gregg's discussion is to say that the proposed emphasis on term support or endowment will tend to <sup>und</sup>long-term financing of many small projects which should be ended. It is the practice in the International Health Division to terminate support to small projects after the main facts have been established or the demonstration has been completed, whether or not the authorities or university concerned are willing to take over the complete financing. A general tendency to let down the bars and assure permanency to these projects is the easier way for the administrative staff, but may perpetuate unnecessary projects using up the funds which could make possible large and worth while undertakings.

I might sum up by saying that I fear any sudden radical change in policy like the one in 1933 which Dr. Gregg deprecates, even though it be in the opposite direction, would result in large expenditure at the cost of large and worth while projects and might result in the perpetuation of many undertakings which ought to come to a natural end.

